



Shaping Our future

Joint Strategic Needs Assessment for
Stockton-on-Tees

2008

stockton
renaissance

The Social & Economic Regeneration of Stockton-on-Tees, Billingham, Thornaby and Yarm



What is Joint Strategic Needs Assessment?

Joint Strategic Needs Assessment (JSNA) is a process that Primary Care Trusts (PCTs) and local authorities have a duty to work on together to describe the health, wellbeing and care needs of the populations they serve. It should be used to develop the right services in the right way to meet those needs. This process is part of a new 'duty to cooperate' that the government set out in the Local Government and Public Involvement in Health Act (2007).

Undertaking needs assessments is, of course, not a new process for the PCT, local authority and other partners we work with. Analysis of many sources of information underpins the whole range of plans and strategies that inform the work of the Local Strategic Partnership. What makes JSNA different is that:

- it is a new statutory requirement.
- it must be done jointly between the local authority and PCT.
- it takes a long-term strategic-level view, looking up to 10 years ahead.
- it brings together, for the first time in one source, the range of information across partners that informs the health and wellbeing needs of our communities.



Why should we do a JSNA?

The purpose of this Joint Strategic Needs Assessment is to highlight the main health and wellbeing priorities for Stockton-on-Tees, taking account of data and information on inequalities within and between communities. These priorities have been identified through the efforts of many people to define and address the wider health and wellbeing needs of the people who live and work here.

A range of plans, strategies, and policies have been developed to help us work effectively in partnership to make a difference to the lives of residents. These include the Sustainable Community Strategy, the Adults Vision, the Children and Young People's Plan, the regional health and wellbeing strategy 'Better Health Fairer Health' and many others.

The community has had the chance to consider and comment on these documents. Likewise, as a new process, this first Joint Strategic Needs Assessment is one that all organisations involved are learning from. This is why it is important to draw on the wealth of existing work that has already taken place.

The JSNA will be widely available. Anyone who would

like to add to or challenge what it says will be able to do so, helping ensure future revisions and updates can more closely reflect the needs of local people.

An important benefit is that the JSNA will provide an opportunity to look ahead over the long-term – at least three to five years, and longer still – so that:

- services are shaped by involvement of local people and communities.
- inequalities in health are reduced.
- health care is provided in proportion to need (to reduce inequity).
- social inclusion is increased.
- these outcomes are achieved cost-effectively.

The JSNA is a process and not a finishing line. It will be an integral part of the planning cycle for all involved and will continue to inform the Local Area Agreement and business planning processes.

The JSNA is the responsibility of the Stockton-on-Tees Health and Wellbeing Partnership which has representation from a wide range of local partners.

Stockton's population and its main needs

Over 190,000 people live in Stockton-on-Tees, a figure predicted to rise to more than 204,400 by 2029. Currently 19.7 per cent of the population are under 16 (36,900 children) and 33,000 people are of retirement age. It is predicted that by 2029 there will be 62 per cent increase in the number of people over retirement age, and a 3 per cent decrease in the number of children. The Black and Minority Ethnic (BME) population makes up fewer than 3 per cent of the population - the majority being of Pakistani heritage.

Given the current and future shape of our population, our main health and wellbeing priorities include:

- continuing to improve health for all, reducing the differences in health experience and health outcomes between communities.
 - reducing inequalities in life expectancy between wards, by tackling the main killers such as cancer and cardiovascular disease.
 - putting people at the centre of decisions about what services we provide.
 - making sure we get value for taxpayers' money.
 - focussing on meeting our agreed standards of performance.
 - improving the way we work together across a wide range of agencies.
 - thinking carefully about what the increasingly ageing population means for us and what we deliver.
 - supporting people to stay independent and with a good quality of life, whatever their age or whether they live with an illness.
- supporting people off benefits and into training, education, or employment.

The health conditions that most affect people in Stockton include:

- Cardiovascular disease (diseases of the heart and circulatory system) makes the single most difference to the gap in the length of life people in the richest and poorest areas of our Borough can expect. A Tees Valley-wide public health primary prevention and screening programme is under way to help people become aware of any risk factors they have, such as high blood pressure, high cholesterol, and high blood sugar. They can then get help to reduce their risk.
- Cancer is the second largest reason for the gap in life expectancy, after cardiovascular disease. We are developing a comprehensive cancer strategy including prevention, early detection, screening, treatment, improved outcomes and end-of-life care.
- Smoking-related illness contributes to more life years lost than the next six top causes of death put together for the residents of Stockton. Smoking by mothers during pregnancy is a major factor for ill-health in children and low birth weight.
- Chronic obstructive pulmonary disease (diseases of the lungs) is in the top five contributors to the gap in life expectancy. For these diseases, improving identification and care could address this contributor to the gap.
- Suicide is the third largest contributor to the gap in life expectancy for men in Stockton.



The main areas we need to focus on to help us address health inequalities over the next ten years or so include:

- Making healthy lifestyle choices easier, including stopping smoking, promoting safe, sensible drinking and increasing physical activity.
- Helping people identify sooner if they are at risk of cardiovascular disease, cancer, and other illnesses so they can get the right care and treatment quickly to prevent them getting ill.
- Improving access to, and quality of, care and treatment for people if they do get ill.
- Supporting people in old age and with long-term health conditions to live independent, good quality lives.

The Borough's Local Area Agreement (LAA) 2008-2011 reflects these priorities and includes a number of targets agreed with government that underpin the delivery of our Sustainable Community Strategy. A summary of the health and wellbeing measures in the LAA, along with other key indicators, is given at the end of this document.

The needs of children and adults

Children and Young People

The Children and Young People's Plan (CYPP) outlines the main priorities of this population. Developed with children and young people from our community, their families, carers and staff it highlights key health and wellbeing priorities including:

- Promoting positive sexual health, including reducing the level of conceptions in under 18-year-olds.

- Reducing substance misuse (including alcohol and tobacco) by children and young people.
- Reducing the effects of parents' and carers' substance misuse on the children and young people they look after.
- Reducing the numbers of obese and overweight children and helping all children and young people maintain healthy growth and weight through good nutrition and physical activity.
- Reducing health inequalities for children and young people across the Borough.
- Improving oral health and hygiene.
- Improving mental health and emotional wellbeing, such as building self-esteem, confidence and resilience.

Consultation with young people themselves and with residents has identified their main areas of concern for the health of young people:

- Binge drinking and drinking on the street, and the anti-social behaviour that often comes with it.
- Increasing access to sexual health advice and contraception.
- Having more information and education on alcohol, drugs and sex.
- More access to more activities.
- Cheap, accessible transport.
- Better street lighting in order to feel safer.

Adults' health and social care

Health needs stemming from modern life and our ageing population mean supporting healthy lifestyles is increasingly important for adults in our community. This includes stopping smoking, promoting safe, sensible drinking and maintaining a healthy weight. Supporting vulnerable adults and seeing that people have more say in services are two further key priorities. Services should help people to remain independent for as long as possible and live good quality lives. To do this, services should be easy to access – in particular primary care and dentistry – and be integrated, with less need to go to many different places to get what people require. Transport should not be a barrier to getting to services. Developing support that means that health problems do not keep people out of work is also a key area for improvement.

Surveys with adults in the area show that people also want more quality services for carers and improved sources of information. Older people have said that the local neighbourhood – including the physical environment, local amenities and 'community spirit' – is crucial to their wellbeing and their perceived and actual safety.

Disabled children and adults

Making excellent provision for disabled children and adults requires services to provide support and interventions as early as possible to maximise benefits for service users, families and carers.

A particular priority is to improve how we address the transition from childhood to adulthood for all disabled

people. This requires a focus on putting the person at the centre of their care plans, helping them to maintain their health and develop independence through personalised packages of care and support, including appropriate housing and access to training and employment opportunities.

As more disabled young people move into adulthood and reach old age, and an increasingly ageing population presents a more complex range of disabilities, a key challenge is ensuring we have developed the capacity to address complex needs. These include learning disabilities and dementia, and long-term health conditions like diabetes.

Mental health

Many people in Stockton will experience a mental health issue in their lifetime – something one in four people in the UK face every year. Making sure people have care and protection when they need it is a major priority. We need to promote mental health and wellbeing for people before they experience problems, by providing opportunities to gain skills in confidence, resilience, and adaptability. We must also work to break down stigma and discrimination against people with mental health difficulties.

The interventions we offer should be right for each life stage – positive, holistic and focused on helping people to recover. Services should treat people with dignity and respect and give them choices. People experiencing mental health difficulties should be supported into employment where possible through skill-building. They should be helped to access benefits and high quality information that helps them make decisions that are right



for them. People with mental health needs want to keep their own home and live independently as much as possible. Care plans should therefore include access to support and services that will enable this, rather than over-reliance on institutional settings such as day centres.

More needs to be done to provide low-level mental health support. Some problems can be addressed by psychological therapies, such as counselling and cognitive behavioural therapy.



Lifestyle and personal behaviours

Maintaining a healthy weight

Obesity and over-weight are major contributors to some of our biggest causes of death and disease. These include heart disease, some cancers, and diabetes. Almost two thirds of adults and one third of children in England are either overweight or obese. In Stockton-on-Tees, the rates of obesity are similar to, but slightly higher than, those for England overall.

We need to make healthy choices easier, improving what people know about eating healthy food and increasing opportunities for physical activity. Part of this challenge is to work with private businesses to make healthy food more widely available at more affordable prices. We also need to work with all local partners to continue to improve our built environment with areas safe for play, walking and cycling for fun and transport.

Alcohol

Alcohol misuse, particularly among young people, is an increasing cause for concern. Binge drinking not only increases the chances of alcohol-related illness at ever-younger ages but also contributes to anti-social behaviour and domestic violence. We must work on changing ideas and attitudes towards excessive drinking in our society, to ensure that young people and adults know the dangers of binge drinking, and that all people are aware of safe levels of drinking. Increasing school-based interventions from primary school upward will help to support this.

Priorities also include improving the early identification of alcohol problems, continuing to work at reducing the illegal sale of alcohol to under 18-year-olds and developing further support for people who need help with a drinking problem.

In 2007/08, the Drug Action Team undertook a needs assessment relating to substance misuse. This highlighted several important priority needs for people already with problems. These include support for appropriate housing, more help when moving between services, improving pathways from prison to community services and making sure all people have equal access to services when they need them. A carers' consultation exercise in June 2008 highlighted the need not only to care for people with substance misuse problems, but also to support families directly affected by these.

Attention needs to be given to development of care and treatment services for people with severe and acute alcohol problems, when they are ready for help.

Smoking

Smoking is the single greatest cause of preventable death and disease in our society.

Helping people to stop smoking must be one of our biggest priorities if we are to increase life expectancy and reduce health inequalities in Stockton. People living in the Borough's most deprived wards have the highest rates of smoking and lowest success rates at quitting. Improving access to stop-smoking services that help people in the way that is best for them will help reduce these inequalities. We must also support women who are planning to become pregnant or who are pregnant to stop smoking, not only for their own health but to protect



the health of their babies and reduce the chances of low birth weight.

We know from a 2007 survey by the Tees Stop Smoking Service that quit rates amongst the most persistent smokers increase with one-to-one intense support from a trained adviser. We have increased the number of staff who can provide this support. Continuing to develop the kind of support people need, at times and locations convenient to them, is a priority if we are to see rates of smoking and the ill-health it causes continue to decline.



The wider determinants of health

Economic regeneration and employment

Access to employment that provides a living wage is an important determinant of health and wellbeing.

Employment offers economic security and can improve social inclusion and quality of life. The employment rate for Stockton-on-Tees was 73.2 per cent in 2007. We aim to increase this rate, and reduce the proportion of those claiming out-of-work benefits.

To achieve these aims and support the overall economic regeneration of our area, we need to continue the work between public and private sector partners and employers. The Employability Consortium brings a wide range of partners together to address these key issues. A priority remains to increase opportunities to access education and training so that people can qualify for jobs.

There is a perceived lack of employment opportunities in the area. 23 per cent of people actively seeking employment or a new job report difficulty finding a suitable job within reasonable travelling distance. 15 per cent cite a lack of opportunities for the type of job they would like to do, while almost one in five (18 per cent) identify salary levels that are too low as a barrier. Many people also lack the required skills or experience, with almost a quarter of people actively looking for new opportunities saying they lacked the work experience required.

The Tees Valley Multi Area Agreement and Stockton's Regeneration Strategy 2007-2012 are key documents for achieving our main priorities in economic regeneration and employment.

Transport and Environment

The rise in population and number of households in the Borough will mean an increase in the need for accessible transportation. People need to be able to travel to school and work, access shopping and services, and utilise leisure and cultural opportunities. The predicted growth in the local economy may increase the number of trips made by private car and the carbon emissions they are responsible for.

Convenient access to high quality health and social care services, in line with the recommendations of the Tees Acute Health Services Review, will be essential to improve the health of the population, increase life expectancy and reduce existing health inequalities. As the number of children and young people reduces, there may be fewer schools, more widely spaced, bringing transportation concerns for pupils and their families.

We must prioritise accessible, safe, green transportation options, which include increasing the appeal of public services and sustainable options such as cycling and walking. Making people feel safe in their choices is key to promoting alternatives to the private car.

An extensive consultation exercise was carried out during preparation of the second Stockton-on-Tees Local Transport Plan. People said they wanted better public transport, safer cycling and walking, improved road safety, better traffic management and road maintenance.

Housing

Safe, warm, dry housing is essential to health and wellbeing. The increase in population and the priority to help people with needs associated with ageing, illness, or disability means demand for housing will continue to rise. To meet this, will we have to focus on improving



existing housing stock. We must create communities where people from all walks of life want to live both now and in the future. This will include providing a range of types of housing, where people have a say in their housing choices.

The Tees Valley Living Housing Market Renewal programme outlines investment in housing that contributes to the development of sustainable communities. Affordability in the housing market is a key concern that must be addressed. We plan to do this by maximising affordable housing outputs through Section 106 agreements and working with development partners to secure funding to deliver quality affordable accommodation.

Leisure and recreation

Opportunities for culture, leisure and recreation are important to maintaining a healthy lifestyle, including weight management and mobility. As the Borough's population grows older there is an increasing need for more cultural and leisure provision tailored to meet the needs of older adults. Activities such as mobile libraries, chair- and water-based exercise, and safe and accessible green space should be available in convenient and accessible locations to provide physical and mental stimulation and opportunities for social inclusion.

We want to increase residents' participation in sport and physical activity so that it reaches national levels, and inequalities between different communities within the Borough are eliminated.

In a recent survey on leisure, people told us they want:

- Local and affordable sporting and active leisure opportunities.

- Accessible quality green space.
- Linked, safe green corridors to enable different local travel options.
- Accessible, varied and stimulating leisure opportunities for older adults.
- Health information.
- Books on prescription/reading groups/self help groups.

We plan to use the profile of the Beijing and London Olympics to create a vision for a campaign that will get people interested in getting physically active, maximising the opportunities available through local sports and leisure clubs and groups.

We aim to make library facilities and services more easily accessible, with more mobile provision, putting health information points in libraries and making more health resources available online.

Crime

Stockton Borough has an unusual social and economic mix, with areas of disadvantage alongside areas of affluence. The Community Safety agenda considers three focal aspects of crime:

- Actual victims of crime who need support for their experience.
- The general public, who have a fear of crime or who may one day be a victim of it.
- Offenders.

Stockton-on-Tees Borough Council, with the Home Office, supports the charity Victim Support, which can help victims of personal crime with their ordeal. Residents want to know that the most is being done to

protect them from crime, including deterrence of potential offenders, crime prevention, and effective law enforcement. The right services and support can prevent offenders from re-offending and we must prioritise national best practice supporting this view. This includes ensuring offenders are helped with accommodation, employment, debt advice, substance misuse, health including mental health, and family support.

The Safer Stockton Partnership carried out a consultation in summer 2007 involving more than 4,000 participants. This has helped shape local priorities, as highlighted in the Community Safety Plan 2008 – 2011 which includes the main themes of:

- Anti Social Behaviour
- Drug related offending
- Violent Crime
- Criminal damage
- Diverting young people from offending
- Other theft – theft of metals, etc





Using this JSNA



Ensuring that the JSNA is used effectively to deliver the vision will be a key role of the Health and Wellbeing Partnership. Many members of this also sit on or lead other Partnership theme groups under Stockton Renaissance, the local strategic partnership.

The Sustainable Community Strategy is the key document produced by the Stockton Renaissance Partnership Board. The strategy maps the vision and ambitions for the population of Stockton-on-Tees Borough from 2008-2021. It aims to improve the quality of life for residents, focusing on the core improvement themes of:

- Economic regeneration and transport
- Environment and housing
- Safer communities
- Children and young people
- Health and wellbeing (developed and monitored by the Health and Wellbeing Partnership)

and supporting themes of:

- Stronger communities
- Older adults
- Arts and culture

Based on the Sustainable Community Strategy and this Joint Strategic Needs Assessment, a Health and Wellbeing strategy will be developed. This will provide the framework for ensuring that delivery of the vision for better health and wellbeing is monitored and reviewed through the service planning and performance management processes of Stockton-on-Tees Teaching Primary Care Trust, Stockton-on-Tees Borough Council and our partners.

A vision for better health in Stockton

This JSNA has helped us identify our main current priorities and look ahead to what our future ones could be. It also has helped us look across the breadth of health and wellbeing activity in partner agencies so that priorities can be integrated and the benefits of joint working can be maximised. By joining up our priorities, we can create an effective vision for better health in Stockton.

Monitoring progress

The following key targets and measures will help us monitor how well we are improving the health and wellbeing of our community as a result of the priorities identified through the JSNA process. The majority are included in our Local Area Agreement.

- Achieve a 17 per cent increase in drug users in effective treatment by 2011.
- Increase the prevalence of breastfeeding at 6-8 weeks from birth, from 27 per cent in 2007-08 to 38 per cent in 2010-11.
- Halt the rise in obesity among primary school age children – achieve a rate of 19 per cent by 2011.
- Reduce the under-18 conception rate by 2010 to 50 per cent of the rate in 1998 (which was 48.3 per 1,000 girls aged 15-17 yrs).
- Reduce the proportion of 16-18-year-olds who are not in education, employment or training to 9 per cent by 2010.
- Reduce the mortality rate from all circulatory diseases at ages under 75 from the 2006 baseline of 92.82 per 100,000 population to 74.84 by 2011.
- Reduce the 16+ smoking prevalence rate; current target of 1092 per 100,000 population aged 16+ by 2011.
- Increase the proportion of social care clients receiving self-directed support to 250 per 100,000 population aged 18+ by 2011 (from baseline of 122 per 100,000 in 2006-07).
- Improve the timeliness of social care assessments: target of 68 per cent to be completed within four weeks by 2010-11, from a baseline of 53 per cent in 2006-07.
- Increase the proportion of carers receiving a service, or advice and information, following an

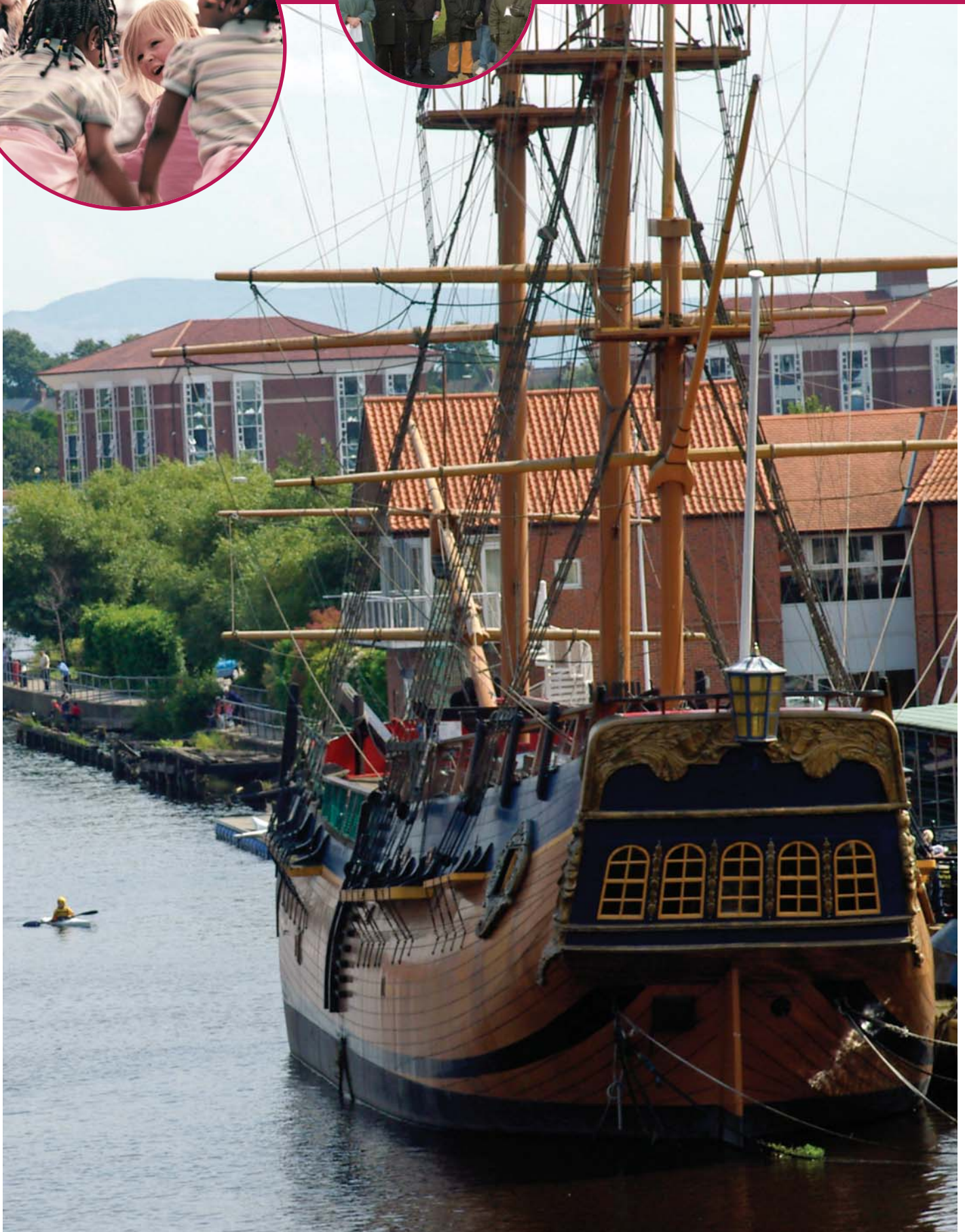
assessment – target of 28 per cent by 2010-11 from baseline of 14.5 per cent in 2006-07.

- Increase the proportion of vulnerable people who are supported to maintain independent living to 97.8 per cent in 2010-11 from 2006-07 baseline of 97.4 per cent.
- Increase the overall employment rate to 74.1 per cent by March 2011.
- Reduce the proportion of working age people claiming out of work benefits in the worst-off neighbourhoods, from 32.3 per cent in 2007 to 26.5 per cent by March 2011.
- Increase the number of learners achieving an entry level qualification in numeracy from 165 in 2006/07 to 285 by 2010/11.
- Reduce by 1 per cent per year the number of women smoking during pregnancy, with a view to reaching the target of 15 per cent by 2015.
- Achieve the target of 30 minutes of activity five times per week for 70 per cent of adults by 2020.

Next Steps

We hope you find this document useful. The JSNA will be subject to an annual review, so your comments on what we have included here will be invaluable to improving the next version. We want to know if we have “got it right”, or if we have missed important priorities.

Please do comment and make suggestions on how it can be made better next time. Share your views on what our priorities should be and ways you think we should be addressing them. This is our opportunity to work together to improve the health and wellbeing of the people of Stockton-on-Tees.



To access copies of this document or submit comments, please contact:

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KURDISH

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PUNJABI

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01642 352188 Public Health Team

URDU

